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HEAD INJURY, CONTACT SPORTS & CONCUSSION POLICY
Prevention & Management

Author:	Senior Physio in consultation with Clinical Lead nurse & School Doctor
Reviewer:	Senior Physio in consultation with Clinical Lead nurse & School Doctor
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"Children are more likely to experience concussion than adults and take longer to recover. There is evidence that concussion is a relatively more common injury among rugby playing children and adolescents than it is among adult players. Youth players are at increased risk of what is known as 'second impact syndrome', a potentially fatal phenomenon where a player sustains a second head injury without fully recovering from the effects of the first." Kirkwood et al (2015), British Journal of Sports Medicine.

This policy has been written to address concerns about involvement in contact sports and the effect of head injuries such as concussion as well as the cumulative effect of successive incidents during a season, which could cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE); symptoms of CTE include memory loss, depression, and progressive dementia.

The policy reflects the latest evidence whilst also noting that research into the link between head injuries is developing continuously.

The policy sits alongside the Schools' other policies such as First Aid & Risk Assessment policies, which covers the specifics of how injuries and risks are management respectively. It is intended to be accessible to all stakeholders, including pupils and parents, and will be available on the school's website to enable parties to make informed decisions about consent.

The following information has cited the latest guidance from the Amsterdam 2022 Consensus Statement and UK Government protocols for SRC (Patricios et al, 2023).

<u>The aim of this policy is to:</u>

1. Ensure an understanding of the ***key terms*** used in describing head injuries.
2. Identify the sports that carry a ***risk*** of head injury and highlight the ***preventative steps*** taken to reduce the risks.
3. Provide clear ***processes and protocols*** used when a head injury is sustained.
    - Risk Reduction
    - Recognition
    - Removal
    - Recovery
    - Return to Learn
    - Return to Sport

4. Make some ***general recommendations*** to help with the management of head injuries.

Part 1: Key Terms

The following terms are used in this policy to describe incidents around head injuries/concussion,

Head injury: means any trauma to the head other than superficial injuries to the face.

- *Traumatic Brain Injury (TBI*): is an injury to the brain caused by a trauma to the head (head injury).
- *Concussio*n: is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, neck or body resulting in an impulsive force being transmitted to the brain. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- *Transient Loss of consciousness*: is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- *Persistent loss of consciousness*: is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- *Chronic Traumatic Encephalopathy (CTE*): is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- *Contact sport*: is any sport where physical contact is an acceptable part of play for example rugby, football, and hockey.
- *Non-contact sport*: is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.
- *Luca Health:* are a technology company that work with Bryanston Medical Centre specializing in concussion management for schools. They use a combination of smartphone technology, AI, and expert medical oversight to provide a comprehensive system for diagnosing and managing head injuries. Their platform helps Bryanston ensure pupil safety by providing tools for guided recovery, specialist referrals, and data analysis to track injury rates.

Whilst our data suggests that head injuries are most common in Rugby, a head injury could happen in any sport or, indeed, in any area of school life***. It is expected that this policy will be applied to all sports and in all head injuries in other contexts.***

- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- It is very important to recognise that a student can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

- Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

Part 2: Concussion Risk Reduction and Preventative Steps

At Bryanston, the pupils are at the heart of everything we do. This includes several policies to safeguard their well-being. This policy is part of that enhanced duty of care to ensure our pupils are safeguarded, as far as is practicably reasonable, from risk.

2a) Risk assessments: Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created. Our risk assessment policy sets out who writes risk assessment, which is approved by our head of H&S before being countersigned by all persons coaching that sport, leading sessions in that activity. The risk assessment will:

- Identify the specific risks posed by the sport/activity, including the risk of players sustaining head injuries.
- Identify the level of risk posed (likelihood x severity of injury).
- State the control measures and reasonable steps taken to reduce the risks.

The National Governing Bodies of most sports now produce head injury guidelines that are specific to their sport with protocols/guidance to manage the incidence of head injuries across the continuum of age ranges, in addition to concussion guidance. The relevant and latest guidelines are implemented by those responsible for risk assessing sport activities as well as in practice in the sporting arena.

2b) Practices/Session Management: Other practical measures to reduce the risk of players sustaining head injuries also include:

- Having a sporting programme that offers a large degree of breadth of choice (including contact and non-contact sports) and, where contact sports are compulsory, there are non-contact versions of those sports available.
- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above).
- Removing or reducing contact elements from contact sports, for example offering 'rugby-ready' or touch rugby as part of the rugby offering. This would include liaising with opposition schools to offer different tiers of fixtures based on level of contact e.g., a rugby-ready 1st XV training match rather than full-contact, B-teams to play touch rather than full contact.
- Ensuring that there is an adequate ratio of coaches to players.
- Staff receive awareness training in managing the level of contact in a sport and concussion protocols.
- Delivering a coaching specification that is focused on technical development to ensure the safe playing techniques, especially in high-risk situations like rugby tackles.

- Encourage and ensure that sportsman-like conduct and mutual respect for both opponents and fellow team members is paramount (reduced emphasis on results ahead of development).

- Using equipment and technology to reduce the level of impact from collision with physical objects and players (e.g., using padding around rugby posts, not overinflating footballs, gumshields, helmets etc.).

- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines).

- Ensuring that a medical professional is easily accessible during training and matches that take place at Bryanston.

2c) Working with Luca Health: Allows Bryanston to safely and effectively manage our pupil head injuries through a data-driven approach that combines smartphone technology, AI, and expert medical oversight. It provides a unified, evidence-based framework for identifying and treating head injuries, ensuring compliance and peace of mind for pupils, staff, and Bryanston by supporting pupils from injury through their recovery journey.

Part 3: Processes and Protocols

The welfare of all pupils is of central importance. The following processes and protocols are there to protect and inform how to assess and manage a head injury.

Concussion Protocols:

1. Risk Reduction – see Part 2 (above).

2. Recognition

2a) Where a pupil sustains a suspected head injury/concussion the person supervising the activity should immediately remove the pupil from play as soon as it is safe to do so and seek appropriate medical advice (clinician on duty from the CJ pavilion/medical centre).
2b) If a pupil displays any of the following signs of symptoms an ambulance should be called:

'Red Flags' – serious concerns: 999 AMBULANCE

- **Neck pain/tenderness**
- **Deteriorating conscious state**
- **Increasing confusion**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Increasingly restless, agitated or combative**
- **Seizure or convulsion**
- **Loss of vision or Double vision**
- **Weakness or tingling / burning in arms or legs**
- **Visible deformity of the skull**

2c) Concussion should be suspected if one or more of the following visible clues, signs, symptoms, or errors in memory questions are present.

a. ***Visible clues of suspected concussion***:
   - Loss of consciousness or responsiveness.
   - Lying motionless on ground/slow to get up.
   - Unsteady on feet/balance problems or falling over/incoordination.
   - Grabbing/clutching of head.
   - Dazed, blank or vacant look.
   - Confused/not aware of plays or events.

b. ***Signs and symptoms of suspected concussion***:
   - Loss of consciousness, headache, seizure or convulsion, dizziness, balance problems, confusion, nausea or vomiting, feeling slowed down, drowsiness, "pressure in head", more emotional, blurred vision, irritability, sensitivity to light, sadness, amnesia, fatigue or low energy, feeling like "in a fog", nervous or anxious, neck pain, "don't feel right", sensitivity to noise, difficulty remembering, difficulty concentrating.

c. ***Memory function - Failure to answer any of these questions correctly***:
   - "What venue are we at today?"
   - "Which half is it now?"
   - "Who scored last in this game?"
   - "What team did you play last week/game?"
   - "Did your team win the last game?"

NB: 1. A loss of consciousness is not a prerequisite for concussion.

NB: 2. Concussion symptoms could occur after the event. If a player feels unwell or unusual in the days following a head injury, concussion should be considered, and they should be sent to the Medical Centre for initial assessment. Post-concussion symptoms are often vague and non-specific but could be confused with those of a viral infection (e.g. flu).

NB: 3. Particular attention to be given to pupils with associated health conditions that increase their risk of complicated concussion i.e. learning disorders, a mental health diagnosis, migraines or epilepsy.

3. Removal:

3a) Any player/athlete that sustains a head injury which might be a concussion should be ***immediately*** removed from play.

The coach (or member of staff responsible for the pupil at that time) must… (primary actions):

- Call an ambulance in the event of any red flag concerns.
- Do not let them return to play/sport that day (even if an important match/tournament).
- For head injuries sustained at Bryanston: escort pupil to the Medical Centre/CJ pitch side hut.
- For head injuries sustained at an away match, chaperone them to the host team medical centre and ensure the pupil is followed up at Bryanston Medical Centre on return to school.
- Not allow pupil to be left alone for 3 hours after a head injury, to ensure they are monitored for deterioration of symptoms.
- Do not let them drive or drink alcohol.

The coach (or member of staff responsible for the pupil at that time) must…(secondary actions):

- Inform the Housemaster (boarders)/ Parents (day-pupils).

- Complete an accident report form.

The Medical Centre must…..(as soon as the head injury is reported):

- If applicable, complete the Sports Concussion Assessment Tool 6 (SCAT6) for ages 13+ or the Child SCAT6 for ages 8-12.
- Refer on if clinical concern.
- Inform the pupils' house team, parents and tutor of the head injury using standardized email.
- If applicable, log the incident on the LUCA dashboard.
- If applicable, ensure the pupil is aware of the requirement for time off learning and sport whilst awaiting assessment from the LUCA clinician and given head injury advice.
- Admit pupil to medical centre for monitoring for 24 hours IF loss of consciousness occurred.

Luca Health must…..(as soon as the head injury is reported on the Luca dashboard):

- Send automated email to notify stakeholders (medcentre, physio, tutor, house team and houseparent) of the head injury.
- Send an automated email to parents and pupil to arrange an assessment (usually within 24-48 hours but not over weekends).

Luca Health must…..(as soon as the head injury assessment is complete):

- Send an automated email to parents and pupil to inform them of the post head injury assessment outcome and plan.
- Send automated email to notify stakeholders (medcentre, physio, tutor, house team and houseparent) with the outcome of the assessment.
- Update iSams and Socs regarding whether the pupik can participate in games or not.

3b) Once removed from play and whilst awaiting Luca Health assessment, the pupil that has suffered a head injury must rest from all sport, lessons, tests, prep and ECAs for 24-48 hours.

4. Recover

Once assessed by Luca Health, if the pupil is diagnosed with a confirmed concussion, Luca Health will prescribe the pupil an individualised rehabilitation programme including the graded return to learn (GRTL), as well as a graded return to sport (GRTS). The GRTL is designed to work alongside the GRTS protocol. The GRTL will be individualised and initiated on the day of the head injury. Too high an academic load in the symptomatic stages can lead to a delay in symptom resolution, GRTL should be prioritised in children and adolescents.

4a) Return to Learn (GRTL):

- **Stage 1 (14 days minimum)**
  - **1:** 1-2 days complete rest from lessons, no prep/tests/ECAs/sport
  - **2**: 1-2 half days(s), with increased rest, 30mins max prep, no tests/ECAs/sport
  - **3**: 1-2 full day(s) with increased rest, 45mins max prep, no tests/ECAs/sport
  - **4**: day 8-11: Full day as 'normal', gradual return to tests and ECAs (if non-sporting), no sport
  - **5:** day 14+ Full day as 'normal' including prep, tests and ECAs (if non-sporting)

4b) Luca Health will lead the progression through the return to learning, consulting the Medical Centre if any concern.

4c) If the concussion symptoms return at any stage of the graded return to learn, the pupil should log this on the Luca Health app and they will be reviewed by Luca Health and the stage of the GRTL they are at may be regressed based on their signs and symptoms.
4d) If a pupil struggles to progress through the GRTL due to signs and symptoms, they will be reviewed by Luca Health and an 'Independent Education Programme" (IEP) may be put into place on consultation with the HsM, tutor, school doctor/physio and pupil.

5. Return to Sport

Following concussion, pupils must not return to competitive sport until completion of the GRTL and GRTS. The GRTS is designed to work alongside the GRTL protocol and will be initiated on the day of the head injury, with the earliest first aerobic exercise starting after 48hours, pending Luca Health guidance.

5a) Graded Return to sport (GRTS)

- **Stage 1: Symptom Limited Activity, 1-2 days**
  - Complete rest from all sport
  - Starting on the day the head injury is sustained.
  - -> LUCA HEALTH MEDICAL ASESSMENT 1 within 24-48hours (may be longer over weekend)
- **Stage 2: Light physical activity, 3-7 days**
  - Stationary cycling or slow to medium pace walking* at 55% max HR (220-age)
  - Supervised and socs register taken by sports centre staff.
- **Stage 3: Increased physical activity, 8+ days**
  - Stationary cycling, medium pace walking*and light bodyweight resistance training at 70% max HR (220-age)
  - Supervised and socs register taken by sports centre staff.
  - -> LUCA MEDIAL ASSESSMENT 2 (IF SYMPTOMS WORSEN)
- **Stage 4: Non-contact training, 10+ days**
  - Supervised running drills, supervised sport skill-based drills and progressive resistance training.
  - Supervised and signed off by games coach.
- **Stage 5: Full contact training, 14+ days**
  - Normal sports training, to include contact (if applicable)
  - Supervised and signed off by games coach.
  - -> LUCA MEDICAL ASSESSMENT 3 – PRE-RTS
- **Stage 6: Return to competitive sport**
  - Return to match/competition play
  - Earliest return to competitive sport is 21 days.
  - Supervised and signed off by games coach.

5b) Written determination of readiness to start GRTS will be provided by Luca Health at stage 1 and again (for progression), at stage 5.
5c) If the signs or symptoms return at any stage through the GRTS, the pupil will be reviewed at by Luca Health - they must not continue to progress through the GRTS or return to sport.
5d) The Heads of Games of the sport the pupil is doing, and Luca Health will oversee the progression through the GRTS.
5e) If the student has not completed the full GRTL and GRTS protocol, then they are not available for sport (training/matches) until signed off as cleared by Luca Health.

NB 1: If a pupil does not seek the advice of a medical practitioner/Luca Health or engage with the GRTL and GRTS management the pupil must revert to the standard 21 days rest and then start the GRTS programme once symptom free.

NB 2: At no time will a parent or guardian be able to overrule/ dictate the decision of the Luca Health and the Bryanston Medical Team.

N.B 3: If the head injury happens outside of school parents must inform the school (houseparent and medical centre) who will arrange for a review of the head injury at the medical centre and ensure the head injury is logged on Luca Health on return to school and for Luca Health to arrange an assessment and confirm if a concussion has been sustained. Pupils who are not registered with the school doctor must also follow Luca Health guidance and the schools head injury/concussion policy.

NB 4: Pupils returning home (either during term time, or over school holidays) during their concussion recovery (GRTL or GRTS) will have ongoing support from Luca Helath. In this situation the responsibility of the pupil's concussion recovery in line with Luca Health recommendations is with the parent/guardian. (See following section on managing an injury away from school).

See appendix 1 & 2 for Luca Health's graded return to learn (GRTL) /graded return to sport (GRTS).

Repeat Concussions:

Known as 'Second Impact Syndrome' (SIS), where another concussion occurs following the return to play. There is some evidence that players are more susceptible to a second concussion following the initial event. Repeat concussions are likely to involve a lengthy absence from activity. If a second concussion is diagnosed within the same term, after the routine Luca assessment, the GRTL/GRTS is followed BUT contact sport will not be allowed for the rest of that term and if the pupil wants to play contact sport later in the same academic year – consultation with school doctor will be recommended.

Breaches of this policy

Bryanston takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a ***pupil*** attempts to return to learn or sport in breach of their GRTL/GRTS plan, the school will consider the matter under the School's student disciplinary policy.

- if a ***member of staff*** does not report a head injury, the School will consider the matter under the School's staff disciplinary policy.

- if a ***parent*** does not report to the School a head injury their child sustains outside of School, the School will consider the matter under the terms of the School parent contract.

Head injury at a non-Bryanston activity:

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain. It is therefore very important that the School, pupils, and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

Head injuries sustained away from Bryanston must be communicated to the School by parents to House parent and medical centre. The medical centre will log the incident on Luca Health and ensure that concussion policies, specifically protocols to pass on information, are in place before allowing a pupil to participate in a sport/activity. NB. The School's duty of care is non-delegable and retains responsibility to ensure care is taken on its behalf.
Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the school, the parents of the pupils concerned should promptly provide their HsM, with sufficient details of the incident, and keep the HsM updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while talking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, the school will review the head injury, log the incident with Luca Health and if a concussion is diagnosed – Luca Health will put into place a GRTL/GRTS.

In turn, the School (medical centre) and Luca Health will inform parents when a student has sustained a head injury at School.

PART 4: General Recommendations:

- A meeting with the Deputy Head, Luca Health and our concussion management team at the Medical Centre to take place annually to discuss concussion protocols; a meeting with coaches and the respective HoGs/DoSp to take place annually to detail the importance of the concussion care pathway.
- This Head Injury/Concussion Policy to be part of the School's wider safeguarding policy & available on the School's intranet/internet.
- All medical, pastoral, academic, sports staff, and first aiders must complete mandatory concussion training every 2 years. These staff members must also scan the QR code for attendance at this training which is shared with the staff training lead and HR. A record of compliance with this will be held by the school's compliance officer. HR and the schools' compliance officer will follow up staff members yet to complete the training.
- All pupils will have mandatory concussion teaching delivered every 2 years.
- The School's position should be checked with its insurers and will retain all policies and documents in the event of future claims to check the policy cover that is in place at the time.
- Bryanston will work towards gaining a parent's ***informed consent*** to participate in contact sports as part of our duty to demonstrate reasonable care. Currently, the parental T&Cs specifically reference contact sports and this policy is available. This remains an 'opt-out' situation. Bryanston would never compel a pupil to play contact sports where their parents have not consented for them to play. The school's T&Cs are signed when a child is not Gillick competent however a pupil can withdraw themselves from contact sports, trumping a signed set of T&Cs when they are ***Gillick competent***. (U16s but with enough intelligence, competence and understanding to consent).

The management of head injuries, concussions and involvement in contact sports requires a holistic approach. Like safeguarding, it is everyone's responsibility:

Fellow players/coaches/parents: YOUR responsibility:

- ✓ You MUST ensure that the pupil is removed from play in a safe manner if you observe them sustaining a head injury and/or displaying any of the signs or symptoms of a suspected concussion.
- ✓ You MUST NOT allow a player to resume sport that day if a head injury has been sustained – await medical centre assessment to ascertain if a concussion is diagnosed.
- ✓ Following a head injury, you MUST ensure that the player is in the care of a responsible adult, inform them of the player's head injury and seek medical centre assessment.
- ✓ You MUST NOT allow a player to play sport until they have completed the graded return to sport (GRTS) protocol, if they have been diagnosed with a concussion.
- ✓ You MUST inform the school of any head injuries sustained outside of school.

Player: YOUR responsibility:

- ✓ If you sustain a head injury or have symptoms of a suspected concussion you must STOP playing and INFORM medical and/or coaching staff immediately.

- ✓ You must NOT return to sport that day, await medical centre and Luca assessment to ascertain if a concussion is diagnosed.
- ✓ Be honest with yourself and those looking after you.
- ✓ If you have symptoms of a confirmed concussion, you MUST NOT play sport until you have completed the graded return to sport (GRTS) protocol and be cleared by Luca to do so.

School: OUR responsibility:

- ✓ To have a transparent concussion policy.
- ✓ To ensure protocols are known.
- ✓ To ensure protocols are followed.
- ✓ To protect players from harm.

References

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Appendix 1 – Luca Health GRTL

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Luca Health GRTL

Stage	Stage Duration	Focus	Site	School Lessons	Homework / Prep	Tests	Screen or phone time	ECA	Physical Activity	Comments
1	24-48 h	Rest	Home / School House	None	None	None	Minimal ≤ 15 minutes Reduced brightness	None	Light, quiet activities Easy walking Light reading Calming music Early to bed; lots of sleep	Only move to Stage 2 if concussion symptoms are settling
2	1-2 days	Light cognitive activity	Half-day at school or home-based light work	Half-day	30 mins max	None	Essential use only Take breaks Reduced brightness	None	Early to bed; lots of sleep Light aerobic activities, e.g., 10-15 mins walk	Only move to stage 3 if increased activity does not produce anything more than mild symptoms
3	1-2 days	Increased cognitive activity	Full day at school	Full with breaks	45 mins max	None	Take breaks Reduced brightness	None	Early to bed; lots of sleep Graduated increasing intensity of aerobic activity	Headaches may persist for several months. Increasing symptoms with exercise is generally safe as long as short-lived
4	8 - 11 days	Return to full academic activity	Full day at school	Full	Normal	Gradual return	Normal Reduced brightness	Gradual Return for non-sporting ECA	Early to bed; lots of sleep Graduated increasing intensity of aerobic activity	
5	14 days +	Normal	Full day at school	Full	Normal	Normal	Normal	Normal	Early to bed; lots of sleep	

** This is Luca's generic GRTL protocol. The actual stages may differ from case to case and will depend on the symptoms and progress of each individual.*

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Appendix 2 – Luca Health GRTS

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LUCA GRTS

Stage	Duration	Focus	Physical Activity	Comments
1	24-48 h	Rest	Light, quiet activities Easy walking	Only move to Stage 2 if concussion symptoms are settling
			LUCA MEDICAL ASSESSMENT 1	
2	3-7 days	Light physical activity	Walking Supervised in gym Stationary cycling HR <55% max	Only move to stage 3 if increased activity does not produce anything more than mild symptoms
3	8 days +	Increased physical activity	Brisker walking Supervised in gym Stationary cycling Light bodyweight resistance training HR <70% max	Headaches may persist for several months Increasing symptoms with exercise is generally safe as long as short-lived
			LUCA MEDICAL ASSESSMENT 2 (if symptoms worsen)	
4	10 days +	Non contact training	Initially: Supervised running drills Supervised sport skill-based drills Progressive resistance training	If symptom free after running proceed to non-contact training
5	14 days +	Full contact training	Normal training with full contact and intensity - supervised	
			LUCA MEDICAL ASSESSMENT 3 - PRE-RTS	
6	21 days +	Return to full competition	Return to match/competition play	

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